PART B-ISSUE FEE TRANSMITTAL Complete and mail this form together with applica ees, to: **Box ISSUE FEE Assistant Commissioner for Patents** Washington, D.C. 20231 MAY 1 8 2000 MAILING INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patents Detailed orders and notification of maintenance fees will be mailed to the current Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on MM42/0228 the date indicated below. MICHAEL ZIMMERMAN PO BOX 730393 SAN JOSE CA 95173 (MMKRMAY (Date) APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 02/28/00 DONELS, 2837 09/200,587 11/27/98 015First Named SEAL. 35 USC 154(b) 0 Days. term Applicant TITLE OF ACOUSTICALLY TAILORED, COMPOSITE MATERIAL STRINGED INSTRUMENT ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE DATE DUE** 05/30/00 3 SEA-1 084-193.000 I75 UTILITY YES \$605.00 Ctunge of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list MICHAEL ZIMMERMA Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to X Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies_ filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual corporation or other private group entity government g ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature). (Date) 00000022 09200587 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS 9/2000 CV0222 ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

of information unless it displays a valid OMB control number.

છ